Mutual Aid, Trauma & Resiliency

By The Jane Addams Collective

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Introduction

One cannot expect a rebellion, any rebellion, against any authority, to come without hardship relative to one's own already desperate condition. Many have died and sacrificed for the struggles for liberation we hold in our hearts, and those who bear witness also bear scars. It is equally our duty to care as it is to fight; one cannot exist without the other, often, they are intimately intertwined. for us, we who live lives of antagonism against authority, it is expected that we will find ourselves tied up in the consequences of violence inflicted on us by colonizers and fascists, routinely, preemptively and in retaliation for our actions toward a world in which all is done and shared in common. For us, the brutality of those consequences is very visible in short bursts, around which we most often strategize, but is more insidiously inflicted over the long haul on our collective emotional wellbeing. This particular arena is very familiar to us: it takes the shape of disenchantment, hopelessness, burnout, isolation. This is the particular arena in which strategies are sparse and the work of care is inequitably distributed. The purpose of this text is to act as a resource for those who see the value in engaging in the work of collective care, for those who want to expand their knowledge and practices of responding collectively to trauma. This text has its limits; the best resource we will ever have is each other and our reciprocity.

The writers of this book conceptualize emotional resiliency as something to build up and work on collectively, to take inventory of, to find respite in and something to call on as a set of guiding strengths and principles when responding to trauma. Our conceptions are informed by what we know of trauma, PTSD, PTSC and the characteristics of each, which is related in the following pages. We believe it is useful to ground our collective knowledge of trauma in its own particular conceptual and ideological history; integral to our purpose is an alternative to the widely popularized neoliberal notions of self-care that are as disempowering and isolating to us as they are reinforcing to the hegemonies of capital and state power. We aim to propagate resiliency as a methodology to counter

the traumas weaponized by the various oppressive forces that divide and diminish us, thereby building our long-term capacity for rebellion against them.

The Jane Addams Collective

The Jane Addams Collective has seen different iterations over the course of at least five years in New York City. Our membership has consisted of social workers, psychotherapists, and others rebelling against the hierarchical paradigms dominating discourse around mental health. Jane Addams was formed as a response to the need for emotional support in radical spaces, and has since launched a living and ongoing experiment in alternative care called Mutual Aid Self Therapy.

Often, the common narrative of self-care commodifies our emotional needs instead of satisfying them. In the medicalized field of psychotherapy, one is subjected to a client-provider dynamic in which the tools and knowledge one might use to better oneself autonomously are made inaccessible. The therapist postures as if they know the cause of a person's emotional tensions while monopolizing whatever knowledge they do hold, in order to establish their word as true and accurate and thereby instilling themselves as an authority in the patient's mind.

We find that working among ourselves to change our undesirable emotional and behavioral patterns, in order to alleviate the suffering inflicted on us by oppressive forces, is a collective undertaking and strategic component of building our communities in opposition to power. We see working together to address our needs as an opportunity to make our community stronger, not just by helping each other with our own immediate or chronic problems, but by starting to trust each other with intimacy and vulnerability, as a way to say that the new society we hold in our hearts should not have shame around emotional honesty.

Trauma

Trauma & PTSD

Definitions

Trauma can be defined as a psychologically significant/impactful event that creates a rupture in a person's sense of self, worldview, or view of the future. It can affect a person's sense of meaning and purpose in the world. It can be said that at the moment of trauma, the survivor is rendered helpless by overwhelming force.

Acute trauma is often associated with a single event. Chronic trauma refers to traumatic events that are ongoing, long term, and recurrent. Psychological trauma can be described as a feeling of intense fear, helplessness, loss of control, and threat of annihilation. The experience of trauma is unique to each person and difficult to measure; however, it can be helpful to name it in order to address and attempt to move past it.

A Brief History

The history of studying trauma has its roots in studies of hysteria, combat neuroses, and sexual violence. At the time, hysteria was used to pathologize women and has its roots in sexual trauma. Unbearable emotional reactions to traumatic events produced an altered state of consciousness, which was called hysteria then and would now be called dissociation. Professionals such as Freud stopped their studies of the origins of hysteria because continuing would have meant confronting certain realities about human nature, such as the capacity to severely abuse, and it became easier to dismiss recollections of abuse as hysterical fantasies. Women were stigmatized for being abused, and so much abuse remained hidden from public view as women were silenced by fear and shame, which allowed for further exploitation.

Much of the original body of knowledge about traumatic disorders came from studying men who faced combat after the First World War. Therapy was originally called the "talking cure." The concept of PTSD was ultimately born out of studying combat veterans, with the goal of fixing them so they could return to combat. Some studies at that time judged the moral character of patients, viewing people as means and not ends.

During the women's liberation movement of the 1970s, consciousness raising groups began to form. Consciousness raising groups were similar to psychotherapy groups, but their purpose was to effect social rather than individual change. The feminist movement redefined rape as a crime of violence rather than a sexual act and introduced new language for understanding the impact of sexual assault. The first public speak-out on rape took place in 1971, but rape reform legislation wasn't implemented until the mid-1970s. The more responses to traumatic events were studied and women's issues were given credence, the more it was found that responses to trauma were similar across groups. Once PTSD was legitimated following efforts of combat veterans, it became clear that survivors of domestic and sexual violence experienced similar symptoms to survivors of war. PTSD was not added to the Diagnostic and Statistical Manual until 1980.

Trauma and PTSD: Symptoms and Effects

Symptoms of PTSD (Post-Traumatic Stress Disorder) may disrupt a person's life and make it hard to continue with daily activities. Symptoms usually start soon after the traumatic event, but they may not happen until months or years later. They also may come and go over many years. Most people who go through a traumatic event have some symptoms at the beginning but don't develop PTSD. If the symptoms last longer than 4 weeks, cause great distress, or interfere with work or home life, it may be PTSD.

There are four types of PTSD symptoms:

Intrusive reliving of the event. Memories of the traumatic event can come back at any time. You may feel the same emotions you did when the event took place. These memories may manifest in nightmares and flashbacks.

Avoidance. You may try to avoid situations or people that trigger memories of the traumatic event. You may even avoid talking or thinking about the event.

Changes in beliefs and feelings. The way you think about yourself and others changes because of the trauma. This symptom has many aspects, including the following:

- You may not have positive or loving feelings toward other people and may stay away from relationships.
- You may forget about parts of the traumatic event or not be able to talk about them.
- You may think the world is completely dangerous, and no one can be trusted.

Hyperarousal. You may be jittery, or always alert and on the lookout for danger. You might suddenly become angry or irritable, have difficulty sleeping, trouble concentrating, or be easily startled, for example.

The unpredictable nature of violence can lead to hypervigilance. It as if time stops at the moment of trauma. Many traumatic memories lack verbal narrative and context; rather they are encoded in the form of vivid sensations and images. Initially an intrusive reliving of the traumatic event predominates (nightmares, flashbacks), and the survivor remains in a highly agitated state, on the alert for new threats. Intrusive symptoms emerge most prominently in the first few days or weeks following the traumatic event, abate to some degree within three to six months, and then attenuate slowly over time. While specific trauma symptoms seem to fade over time, they can be revived (even years after the event) by reminders of the original trauma. Traumatic events appear to recondition the human nervous system. The repetition of trauma amplifies all symptoms of PTSD. Psychosomatic complaints result from chronic arousal of the automatic nervous system.

Repeated trauma occurs when the survivor is a prisoner, unable to flee, and under the control of the perpetrator (abusive families, sexual exploitation, prisons). Methods of psychological control are designed to instill terror and helplessness and to destroy the survivor's sense of autonomy and sense of self in relation to others. Repeated trauma in adult life erodes the structure of the personality already formed, but repeated trauma in childhood forms and deforms the personality. The damage it causes can interfere with a child's development of secure attachment relationships, cognitive abilities, affect regulation, behavior regulation, self-concept, and biological and physical maturation, as well as increase the likelihood of dissociation.

It also increases the likelihood of self-injury and suicidal behavior.

There is a correlation between degree of experienced abuse and tendency to dissociate. A survivor may experience a numbing or trance-like state as a form of dissociation, as it may reduce their perception of pain during acute trauma. They are unable to control when they experience these altered states, which keep painful memories split from ordinary awareness. This is different from a voluntary suppression of thoughts related to the traumatic event in an attempt to defend against overwhelming emotional states. These can serve a purpose in situations where the constant threat of danger is real, but once removed from that environment, they become maladaptive.

These are some identifiably traumatic situations:

- Vicarious or secondary trauma

- Child abuse

- Sexual violence

- Domestic violence

- Natural disasters

- War
- Community-related trauma, such as social pressure
- Systemic or institutional violence and abuse

- Generational and Intergenerational trauma
- Medical-related trauma

- Loss

Traumatic events violate the autonomy of the person at the level of basic bodily integrity. They interfere with sense of self and often make survivors feel isolated from others and their communities. Traumatized people relive moments of trauma not only in thoughts and dreams, but in their actions. Reenactments may be an attempt to relive and master the overwhelming feelings of the traumatic event. Helplessness constitutes the essential insult of trauma, and restitution requires the restoration of a sense of efficacy and power. It is said that what is produced is what a person needs to feel in order to repair the injury.

Survivors are prone towards feeling guilty. Guilt may be understood as an attempt to draw some useful lesson from the traumatic event and to regain some sense of power and control. To imagine that one could have done better may be more tolerable than to face the reality of utter helplessness. Feelings of guilt are especially severe when the survivor has been a witness to the suffering or death of other people.

Since neither the intrusive nor the numbing symptoms allow for integration of the traumatic event, the alternation between these two extreme states might be understood as an attempt to find a satisfactory balance between the two. But balance is precisely what the traumatized person lacks. She finds herself caught between the extremes of amnesia or of reliving the trauma, between floods of intense, overwhelming feeling and arid states of no feeling at all, between irritable, impulsive action and complete inhibition of action. The instability produced by these periodic alterations further exacerbates the traumatized persons sense of unpredictability and helplessness. The dialectic of trauma is therefore potentially self-perpetuating.

Traumatized individuals, particularly those who are traumatized in childhood and adolescence, are at increased risk for:

- Social and behavioral problems, including, but not limited to: relationship difficulties, risky sexual behavior, and aggression.

- Impaired psychological health throughout the lifespan, including, but not limited to: PTSD, depression, substance use/abuse, and suicide attempts.

Adverse childhood experiences are related to the onset of a range of psychological disorders as well:

- Cognitive and academic problems, including, but not limited to: low IQ and reading scores, delayed language and cognitive development, and poor academic performance.

- Neuropsychological alterations involving areas of the brain that regulate emotion, control of emotions, judgment, and problem solving, in addition to the stress response system.

- Impaired physical health that can endure for decades, such as increased risk of cancer, heart disease, liver disease, pulmonary disease, autoimmune disease, and obesity.

- Higher use of mental health and medical services.

- Increased rates of unemployment, poverty, and Medicaid usage.

- Childhood mortality or early death.

Additionally, adults who had four or more adverse childhood experiences were 7.3 times more likely to have at least one diagnosis from each of the following four types of disorders:

- Mood

- Anxiety

- Impulse control

- Substance abuse disorders

Women are more likely to develop PTSD than men and are more likely to have chronic PTSD than men. When studying combat veterans, researchers found that the strongest protection against overwhelming terror was degree of relatedness between soldiers and comrades. Relationships and connections with others and to a larger sense of meaning are important in mitigating PTSD. It is important to normalize what survivors are experiencing in reaction to traumatic events so that there is an increased likelihood of rebuilding a sense of control and stronger, healthier relationships.

Safety & Trauma

If trauma results from perceiving a threat to one's existence or the existence of another living being whom one cares about, then a necessary step in healing from trauma is securing a sense of safety from existential threats to oneself or others. These threats can be multifaceted and complex, given the complicated nature of modern life. Obstacles to safety can include but are not limited to: food insecurity, unsafe housing or lack of access to housing, lack of sufficient social support, emotional and/or physical abuse, direct physical violence, and self-destructive behavior patterns. Another term that may resonate better than 'safe' is 'resourced'—as in how 'well-resourced' one is, or how accessible needed resources are. Even though the initial traumatic event or situation may have only involved one kind of threat, threats in other areas can still re-traumatize an already traumatized person, because they affect the person's psychic sense of safety, the rupture of which was the initial cause of trauma.

Planning for how to provide safety to oneself and others, and proving one's ability to execute that plan, are important parts of trauma recovery for some people. As anarchists trying to heal our own or comrades' trauma, it makes extra sense to create and maintain bonds of solidarity, given the importance of social support and material resources for one's sense of safety. Moreover, we may find the provision of safety to be challenged by factors emerging from our political lives—imprisonment, police violence, and other repression by the state all present real dangers that need to be reckoned with. One or more safety plan(s), as well as trusted comrades who can carry it/them out, may be helpful tools in dealing with these obstacles. While our activism and our antagonistic relationship with the state may present obstacles to safety, non-capitalistic connections founded on real solidarity with anarchist comrades and other communities can be strengths in this area. Mutual aid and solidarity networks can meet needs for safety by sharing, and increasing access to, resources.

One implication of the relationship between safety and trauma is that, depending on one's life circumstances (including the availability of social

support, financial security, food, housing, and self-defense), the most effective strategy for trauma recovery may be to do no exploration of the traumatic memories at all. Preventing re-traumatization is a worthy goal in itself and at times is the best one can do given one's circumstances. There is no shame in prudently waiting to explore traumatic memories until one judges that it is safe to do so—it is a necessary part of the healing process. In the words of trauma therapist Judith Herman: "This task [of establishing safety] takes precedence over all others, for no other therapeutic work can possibly succeed if safety has not been adequately secured. No other therapeutic work should even be attempted until a reasonable degree of safety has been achieved." (Trauma and Recovery, ch. 8: "Safety") For someone who is waiting to explore traumatic memories and working on accessing safety, the work of healing from trauma may resemble, to an outside observer, the work of self-care for non-traumatic mental health issues. The main difference at this point is the intention. Once safety is reliably attained, then the unearthing and reinterpreting of traumatic memories can proceed, with the risk of re-traumatization having been mitigated. Since healing from trauma is not a linear process, and the life circumstances that produce a sense of safety are fluid and changing, revisiting the issue of safety on an ongoing, occasional, basis can be a helpful way to take care of oneself and others.

Grounding Techniques

Grounding techniques (also called “centering” or “healthy detachment”) can be very useful when we’re in distress. They work by focusing outward on the external world rather than inward towards the self, and they can be done at any time one is caught in emotional pain. Grounding techniques are very simple, but it’s recommended that they’re practiced frequently to be maximally effective. Lisa. M Navajitis in Seeking Safety: a Treatment Manual for PTSD and Substance Abuse describes three types of grounding: mental, physical and soothing.

Mental grounding includes describing your environment in detail using all your senses or describing an everyday activity in great detail. For imagining, use an image: for example, changing the TV channel to get to a better show. Think of a buffer between you and your pain.

Physical grounding includes focusing on your breathing, noticing each inhale and exhale; noticing your body; touching various objects around you and noticing their textures, colors, materials, weight, and temperature.

Soothing grounding includes saying a coping statement: for example, “I can handle this, this feeling will pass”; remembering a safe place and focusing on everything about that place including the colors, sounds, objects, and textures; picturing the people that you care about and the things you’re looking forward to.

If you find grounding doesn’t work, try to practice more often and for longer periods of time (20 to 30 minutes), or have others assist you if possible.

PTSC: Post Traumatic Stressed Communities

Traumas not only have the potentiality of causing lasting damage to individuals' lives—they can also destroy political organizations, communities, and movements. Trauma is a normal part of resistance and communities should expect to experience various forms of traumas in the course of their work. Just as not all individuals that experience trauma develop debilitating chronic symptoms from the experience, not all political communities are damaged (in the long term) by trauma. PTSD is a term to describe the common negative symptoms of trauma on an individual; we are using PTSC similarly for communities. The negative effects and life outcomes of those suffering the effects of chronic trauma are well known and described; little attention has been given to groups. This section will help define some of the common negative effects of chronic trauma on groups.

Hyperarousal is one of the most common symptoms of PTSD (as described in an earlier section) and is also a common red flag that a community might be suffering from the effects of trauma. In a group setting, hyperarousal manifests itself in a constant search for threats. Often this takes the form of looking for and identifying "unsafe" individuals or groups of individuals. Snitch-jacketing and a search for infiltrators are the most common examples of how this plays out. Less dramatically, there is a reduction in recruitment of new membership as groups with PTSC became more wary of unknown individuals. This symptom can also create elaborate vouch symptoms that also reduce participation and highlight the suspect nature of one's fellow participants. None of these things actually make the group feel more secure and thus it is why it is a symptom when it is a result of hyperarousal caused by trauma. Burnout is another common symptom of PTSC. Burnout is not always a result of PTSC, and individuals withdraw from groups for a variety of reasons that have nothing to do with trauma. However, a group that has not found a way to deal with trauma will also find a heightened level of burnout among its participants. Stress is a powerful force in

burnout, and unresolved trauma in a group can reliably infect participants with continual stress.

Chronic trauma makes it difficult to feel safe navigating the world for both individuals and groups; thus, this unsafe feeling leads to greater group isolation. Groups with PTSC often retreat from making coalitions and partners with other similarly aligned groups (especially if they have not suffered the same trauma). PTSC groups seek the security of limiting the world and retreating inside the shell of the familiar. They will often not take on new campaigns, projects, or coalitions. This can lead to groups feeling the need to go underground or work in a clandestine manner, separating themselves from allies and support. Infighting is a common characteristic of chronic unresolved trauma in groups. The basic sense of trust and/or stability that is necessary for creating working alliances among diverse people is often compromised by trauma. When trust, understanding, and stability are destroyed, infighting and drama are inevitable.

Hopelessness is a symptom of PTSD and PTSC. Chronic trauma, through constant repetition and the removal of agency, critically diminishes hope and our ability to feel that our actions can positively contribute to our desired outcomes. It is difficult enough for resistance groups to keep motivated, and this symptom can seriously sap the energy or even the motivation to continue difficult political work. These are not the only symptoms of PTSC but some of the most common. They, like the individual symptoms of PTSD, are reinforcing symptoms: infighting can lead to greater burnout while hyperarousal can lead to greater political isolation and so forth. Counter-insurgency manuals have known for decades that if they can create traumatized communities, they can be rendered ineffective without directly taking them on. The symptoms of PTSC are so damaging they can quickly unravel years of work and numerous successes in a very short period of time. While avoiding our enemies from inflicting trauma on our movements is often out of our hands, we can take steps to reduce the likelihood of PTSC from destroying our communities.

Resiliency

Introduction to Resiliency

Resiliency is a psychological concept that describes a collection of traits that enable a person to experience trauma without it resulting in PTSD. Currently, psychologists are attempting to get a better picture of resiliency by looking at people who have experienced trauma that either resulted in PTSD or didn't, and trying to retrospectively examine individual and community traits for each group. Though many on this resulting list of traits that may contribute to a unified "resiliency" would be hard to cultivate intentionally, we believe the value of this list is to remind us that we as individuals, communities, friend groups, and families already possess some or many of these traits. Intentionally activating them in creative and dynamic ways after a traumatic event could help ward off long-term effects of PTSD.

Resiliency Factors

Individual

- Meaning making[1]
- Ability to detach and conceptualize problems
- Sense of self-efficacy and determination

- Autonomy
- Hardiness: Commitment[2], Control[3], and Challenge[4]
- Self-esteem and self-confidence
- Altruism or pro-social behavior
- Use of mature ego defenses[5]
- Active[6] versus avoidant[7] coping styles
- Problem-focused coping versus emotional coping
- Acceptance of fear in self and others
- Absence or low levels of guilt, shame, embarrassment

- Humor

- Responding proactively to violence
- Mindfulness[8]
- Moral compass or internal belief system
- Psychological preparedness[9]

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[1] Finding meaning in traumatic event and life after.

[2] Seeing world as interesting and meaningful.

[3] Belief in one's own ability to control or influence events.

[4] Seeing change and new experiences as exciting opportunities to learn and developer.

[5] e.g. altruism, sublimation [6] Active coping involves behavioral and/or psychological strategies to change qualities of the stressor, the stressor itself, or how the stressor is perceived.

[7] Avoidant coping involves activities and mental processes that are employed in lieu of dealing directly with the stressful trigger.

[8] Mindfulness concentrates on moment-to-moment awareness of bodily activities, feelings, emotions, or sensations, while purposely perceiving and discarding any distracting thoughts that come into awareness.

[9] Prior immunization to traumatic stress; understanding what you are getting into.

Community

- Perceived social support availability
- Received social support[10]

- Actively seeking out social support
- Self-disclosure of the traumatic experience to significant others
- Sense of group identity and sense of self as a positive survivor
- Connection, bonding, social interaction with a significant community of friends and fellow survivors

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[10] It should be noted that in order for received social support to be most effective as a resiliency factor, it must be sustained, not only present in the immediate aftermath of a traumatic event.

Resiliency: Weapon of the Rebel

Whether the rebel employs pacifist or more active resistance tools, she can expect to encounter trauma either directly or indirectly. Creating traumatic experiences is a favorite and indispensable weapon of any power structure, and the more unjust the power structure the greater its reliance on trauma for social control. In fact, without trauma there would be little to stop power structures from being dismantled by rebels. Trauma is both a relatively cheap and effective tool for maintaining tyrannical systems, whether they are familial or national. It is not the trauma per se that is effective (often times it is not)—it is the corollaries (fear, shame and debilitating post-trauma injuries) of trauma that make it the go-to of tyrants everywhere, from the halls of governments to our dinner tables. Individuals, groups, organizations, and whole communities can be neutralized by the effects of traumatizing events orchestrated by oppositional forces. This is the logic of both the terrorist and the police interrogator. Reading manuals of Al Qaeda, FBI, Yakuza or US Field Army handbooks, one is not only struck by how blatantly trauma is weaponized, but also by how similar its uses are between these groups.

For example, as a tool, the wheel developed in many different regions independently because it was cheap and highly effective. So is the systemic use of trauma by tyrannical forces. Rebels who do not seek out and develop counter-measures to trauma will always be defenseless against these powerful and cheap weapons of oppression. The induction of post-traumatic disabilities in rebel communities is particularly insidious and debilitating to the limited structural capacity of most resistance movements. “A dead soldier removes one musket from the battle line, while a wounded soldier has the potential to remove two, three or four,” Napoleon said, explaining the military value of using debilitating (though often not fatal) grapeshot pellets in cannons. Injuries require the opposing force to devote resources and energy to the injured. The same is true of mental injuries inflicted on us. The maimed (mentally or physically) can serve as daily and immediate reminders of the power of our oppressors and the dangers of rebellion.

This is all pretty bleak, but there is a way to build resiliency to render trauma ineffective or less effective in stopping a resistance. Resiliency can do far more than dampen the effects of trauma—it can actually make it counterproductive for our oppressors. In a sense, resiliency of one group protects even those individuals or groups that have not developed resiliency by making the weapon of trauma less effective. If tyrants see that trauma is no longer effective, they will stop using it so liberally on others. If the use of trauma against resilient targets is actually counterproductive and strengthens the rebel or oppressed forces, this seriously changes the cost benefit analysis of the use of trauma by others. This would reduce the prevalence of the use of this weapon dramatically.

To develop, utilize and share resiliency in individuals, groups, and communities, we must first understand what it is/isn't and how it works. The two most common definitions of resiliency: the capacity to recover quickly from difficulties; the ability of a substance or object to spring back into shape; elasticity. It is obvious rebels and resistance movements should expect to have difficulties inflicted upon them by their antagonists, and what should be just as obvious is that we should seek to rebound as quickly as possible and limit the contagion and ongoing effects. The more resilient a movement is, the more attractive it will be to those outside of it that feel threatened by the current power structures. It will also cause some division inside the power structure, as it has to weigh the benefits or effectiveness of inflicting trauma versus the backlash (resilience). If the effectiveness of trauma is demonstrably shown to be less effective, the power structure's own control over its own participants comes into play, which can seriously weaken power structures. Building mental resiliency has often been likened to self-defense, but it is more than just that. Well-developed resiliency in a movement/community can be useful for recruiting those who are feeling anxious or scared in their current situation (which may or may not having anything to do with the power structure you are fighting against). For example, in Rojava, the Kurdish revolutionary forces in Northern Syria received a lot of recruits from people fleeing forced marriages and domestic abuse, members of oppressed minority groups, etc. In addition to recruitment, resiliency can actually destabilize the opposing forces. Most actors in power structures (officers, soldiers, bureaucrats, etc.) may not actually benefit from the oppression but side with the oppressors because of anxiety or fear of the

outcomes of not being part of the structure. Resilient rebels and movements can weaken the ties of those not directly reaping the benefits of the oppression, requiring even more resources for the enemy to recruit and retain their own participants.

Resiliency is not a shield for eliminating traumatic events but a way to make it costly for our enemies to use trauma for diminishing returns. It does this by disarming the effects of shame, fear, guilt, hopelessness, social disruption, and isolation—the most powerful lasting effects of trauma for eliminating political action. A combination of psychological and community-based resiliency can eliminate these long-term effects of induced trauma. Trauma begets more trauma—for example, one may initially need powerful artillery shells to induce paralyzation, confusion, and fear in an individual. However, should the individual lack resiliency, the same reactions can be subsequently reproduced with something as simple as the sound of a car backfire. The reverse is true with resiliency—each trauma requires greater effort to achieve the same effect.

If trauma has become the currency of modern day repression, then resiliency is the weapon of the rebels.

Planning for Stress: Case History

In the late 1980s and early 1990s, Chicago's ACT UP created a working group they called the Committee for Sustainable Activity & Care (CSAC). CSAC realized that the continued stress of activism along with the trauma of the AIDS epidemic and the violence of the police was taking a toll on the organization. They noticed not only a greater degree of burnout from core organizers but also greater intergroup conflict despite numerous successes. CSAC was made up of mental health workers and laypeople and was charged with ways of reducing stress and post-traumatic dysfunction inside ACT UP Chicago. They only existed for a short period (less than a year) but helped usher in some innovative techniques to reduce the negative effects of trauma that were used by ACT UP chapters not only in Chicago but other cities.

Removing Shame

ACT UP spent a lot of energy on reducing stigma and shame for those with AIDS, HIV and homosexuality in general. CSAC hosted a monthly "Free Talk series" where people from the community could come and talk about their stresses with support and without judgement. This was particularly useful for caregivers who provided support to those dying of AIDS. It was similarly designed to the 1970s feminist consciousness raising groups in that there was no real agenda and everyone could talk and share in a safe environment.

ACT UP also had veterans of various actions speak frankly about their experiences during actions, both the good and bad feelings. This helped normalize the experiences of people who were afraid, stressed, or traumatized by police. The stories helped reduce the shame common to these feelings during an action. ACT UP also brought in veterans of other movements like the civil rights, environmental and anti-war movements to speak about their experiences and feelings. This normalized a wide array of emotional responses to stressful situations on the street during high-risk actions.

Breaking Isolation

ACT UP chapters were excellent at keeping its members connected even before the age of cell phones, internet, and social media. CSAC created a number of interventions to specifically reduce the common isolation of those traumatized. The first was "Affirmation Parties" that were pre-planned to occur within 2-3 days after a big action. It was expected that participants of the action and supports would attend the party, and there was much planning and advertising involved. No matter the success of the action, individuals would get up and say what it meant to them to be part of it, thus reconnecting the solidarity on the street with after the action in a social setting with drinks, music, and dance. Often tokens (flowers, coins like AA, etc.) of thanks would be given to participants. There would be a reading of the names of those in their community who had died of AIDS, and then the party would start. Additionally, after an action, CSAC members would reach out by phone, and sometimes visit, activists involved in the protest. This allowed the participants to know there was a community that was looking out for them.

Finally, participants that faced traumatic situations (police abuse, arrest, or recent death of a friend from AIDS) would be invited to speak as a "veteran" at the next organizing meeting. This changed their status from isolated victim to appreciated and connected veteran with experiences to share with the group. It allowed the individual to "organize" their feelings and find value and lessons in them to share. This reduces the effect of learned helplessness while creating context for the experiences.

Connection to the Struggle

SCAC did a lot to emphasis a strong connection to the struggle, which would reduce stress by contextualizing the difficulties and hardships of the struggle. It was common for a name and photo of a person from the community who had died of AIDS to be given to each participant before an action to keep in their pocket. Often they would give that person's name if they were arrested. This simple thing kept people connected to why they were on the streets in the first place.

ACT UP also often met up prior to an action for speeches and music as a sort of pep rally before going together to the action. This created a sense of community that helped inoculate individuals from feeling vulnerable and alone.

SCAC also created a referral base of sympathetic mental health providers for those that wanted that and would often escort people to their first meetings, waiting with them in the waiting room and being there when the session was done. This simple act was a powerful example of genuine support.

ACT UP used a variety of techniques to reduce the emotional cost of stress and trauma that could be expected in their struggle. These techniques, while highly intentional, required very little in the way of resources or specialized skills. It created powerful ways to build a resilient radical culture that was able to sustain for many years despite massive obstacles. ACT UP drew upon the interventions of previous movements and activists just as we will need to develop our own responses to trauma and stress to create a truly resilient resistance.

Building Resiliency

Building resiliency isn't a one-size-fits-all process, and we are all unique selves, but anarchists have some advantages over the average person in building up our ability to withstand traumatic events. The collaborative and ongoing nature of building resiliency dovetails nicely with the organizing work many of us are already doing, but only if we take an intentional and active approach towards becoming resilient.

In the long run, dealing with traumatic events will be easier if you have a system of support and mutual aid that can help deal with the aftershocks, but regardless of what kind of network of support you have, it's vital to build resiliency on your own.

Building Individual Resiliency

Dealing with traumatic events alone is extremely difficult, so whether or not you have people you organize with, it's important to build resiliency. In the midst of a traumatic event, it can be hard to remember what to do. Before that moment, identify your own social and personal resources to aid in coping with trauma. Make a list of people you can contact in a crisis, and have a plan. Think about the situations you're going into, and try to think about them tactically. Knowing what to expect, being prepared for it, and learning to think about potentially traumatic situations in a tactical way builds one's ability to look at problems from the outside and take the distance necessary to deal with them effectively.

The potential of trauma is a part of all of our lives. This is an ongoing process which requires work on ourselves and on the groups we organize in. Before an event, and on an ongoing basis, become more aware of your own responses to events and your own warning signs. Being able to recognize changes in how your body feels before or during stressful situations makes a huge difference. During stressful times, it's also good to continue checking in with yourself to see if there are any warning signs. Over time this knowledge of yourself and consistent checking in with your physical sensations also helps build up your ability to deal with stressful situations in general. It is easier to prepare for a storm you know is coming.

When you see those warning signs flaring up, it's important to engage in active coping styles rather than avoidant ones. The coping skills we lean on most heavily in our day to day lives are the same ones we'll fall back on in a crisis. When thinking about which methods you can use to cope with traumatic events, focus on active coping skills rather than avoidant ones. In the moment, getting away from a distressing situation or a distressing mental experience can be a relief, but for dealing with the long term implications of trauma, isolating yourself, using substances to numb yourself, or avoiding all situations that resemble the trauma you experienced will not allow you to fully deal with the negative experiences

and their aftereffects. To build a longer lasting ability to deal with psychological distress, it is better to focus on active coping skills, which have a material impact on your well being, and that help increase your political and social engagement.

Even if you're on your own, your ability to deal with traumatic events will be better if you are actively engaged in some form of mutual aid. The continued pursuit of mutual aid has an effect on one's social condition and also influences one's sense of self and purpose. Knowing that you have an impact on the world in a positive sense, building relationships with people, and doing something with purpose all help create the feelings of strength and safety which help us withstand trauma.

Group Resiliency

The people you organize with and the people you fuck shit up with might be doing some of these things already, but explicitly thinking about and addressing the potential psychological effects of an action and the psychological needs of your crew are both vitally important for helping steel ourselves against trauma.

Whether before a specific action, or as part of an ongoing process of building mutual aid and support, it's important to have a plan for supporting comrades if something traumatic happens. With your comrades (and close friends for that matter) you should know some basic things: who would they call if they're having difficulty coping in the moment, what kinds of experiences might make some events more difficult for them, and what kinds of things help them cope with difficult emotions. Even if you never have to use this information, it helps build a sense of safety and support in your group. Having people around you who know how to help you in a moment of crisis doesn't just help build your ability to deal with trauma in the future, it helps build the collective resiliency and social bonds between the people you organize or act with.

It's also helpful to have a plan of action and a clear view of the risks of whatever actions you're undertaking. Our reactions to trauma in the long term are often bound to our expectations of the world and the situation. It's important to know what you're getting into: going to a march with a sign is different than joining a black bloc. When you're preparing for any action, knowing what kinds of things might happen and what the risks are is helpful for reducing the affect of trauma on you. Even without the benefit of building resiliency, that process of analysis and tactical thinking helps groups of people take effective action, and improves our ability to succeed in some of our political goals.

This planning and strategic thinking are necessary parts of organizing effectively, and when it comes to resiliency, thinking tactically about problems has an effect on your ability to detach and conceptualize problems. We of course can't control the situations we enter, but we can

certainly create more realistic expectations and develop skills to make ourselves more effective and less affected.

Planning for specific events isn't enough though. After traumatic events it's necessary to respond collaboratively to these events with direct action, both in the form of mutual aid and resistance. When something traumatic has happened to people in your group, check in with them, set up some methods for them to get support if they need it, and if possible, take action against those causing the trauma. Being part of direct action and mutual aid creates a sense of efficacy and ability that makes dealing with trauma easier. Our sense of self and purpose, as well as the sense that we are supported by people who care what happens to us, are vitally important to helping deal with trauma and to living up to a core part of our political project.

Guiding Questions

Part of countering potential trauma and building resiliency is cultivating a practice of emotional knowledge and preparedness. Trauma is exacerbated by isolation and distance. We can see this reenacted in neoliberal notions of self- care, which situate care as a private, individual responsibility.

What if we included emotional and psychological preparedness in action planning the same way we do physical and tactical preparedness? How can we better care for ourselves and each other? To that end, we've come up with a list of potential questions for individuals, friends, and affinity groups to aid in facilitating discussion around countering trauma and building individual and community resiliency.

The first set of questions is focused on group planning and decision-making. These questions can help affinity groups or friends make group agreements around emotional and psychological preparedness and help facilitate a shared understanding of community care.

The second set of questions is focused on individual experience and needs. The goal of these questions is not only to increase self-knowledge, but to give your friends and comrades tools to support you in the case of a traumatic event, and to give you the tools to support them. Responses to trauma can vary, so what works for you might not work for someone else. It can be helpful to have an idea of your friends' and comrades' needs in advance rather than trying to guess in a moment of crisis. It is also sometimes difficult for individuals to remember or voice their needs in the immediate aftermath of a traumatic event. Having a trusted friend or comrade equipped with that knowledge can go a long way in helping with immediate coping and building resiliency. Lastly, having open conversations around mental health and trauma can counter isolation and feelings of shame, both of which feed traumatization and get in the way of recovery and building resiliency.

These questions are only meant as a jumping off point to help start a conversation. You do not need to answer any questions you do not want

to answer or do not know how to answer, and we very much encourage you to add or disregard any questions as you see fit. Additionally, this is not meant to be a singular discussion, but part of building a practice of emotional knowledge and preparedness. These are not easy topics to discuss, so please take care to stop, take a break, or resume as necessary. Let's be gentle with ourselves, and each other.

Group Questions

1. What can each of us contribute in terms of support at an action? (e.g. I can talk to someone if they're having a panic attack; I can make sure our group stays hydrated; etc.)

2. Can we create different roles for people in action planning that take into account their past experiences and triggers?

3. Do we want to have signals/safe words for triggers that we can use during an action? (e.g. green=feeling fine, yellow=keep an eye out for me, red=need to take a break/leave)

4. Do we want to bring a mental health first aid kit/s to an action? What might belong in such a kit? (e.g. stress toys, scented things, meds, herbal remedies, shock blanket, etc.)

5. Do we want to choose a date after an action to meet up for a check-in about emotional wellness? Do we want to do this regardless of whether or not anything goes down?

6. How can we best support each other in the case of a traumatic event? What kind of activities can we plan that might be useful? (e.g. group dinners, support groups, etc.)

7. In the case of a traumatic event, would we want support from other comrades who weren't present? What would we want that support to look like? How can we communicate this?

8. What boundaries can we put in place in order to avoid overload/burnout for supporters?

9. What mental health resources are available to us should we need them?

Individual Questions

1. Who would you want to contact in an emergency? Is there someone you find helpful to talk to in stressful situations? Under what circumstances would you be okay with someone getting in touch with your emergency contact for you? Is there anyone who you would not like to be contacted?

2. Are there any physical objects that help you feel better in stressful situations? (e.g. stress toys, stones, stuffed animal, etc.)

3. Are there any physical locations that help you feel better in stressful situations? (e.g. park, cafe, kitchen, etc.)

4. Are there any activities that help you feel better in stressful situations? (e.g. taking a walk, sitting quietly with a friend, etc.)

5. Are there any sensory experiences that help you feel better in stressful situations? (e.g. smelling a particular scent, holding something cold, etc.)

6. Are there places or activities you want to avoid in stressful situations? (e.g. being touched, open/enclosed spaces, etc.)

7. Are there any past traumas you would want your friends/AG to be aware of?

8. Are there any triggers you would want your friends/AG to be aware of?

9. What are your typical physical/behavioral stress reactions? (trouble breathing, getting very quiet, etc.)

10. What practices have helped you in past traumatic situations? (e.g. grounding techniques etc.)

11. What helps in the moment vs. longer term?

12. What are signs that you are not doing well? (e.g. isolating, not eating, etc.)

13. If you are not doing well, how would you like people to check in with you? (e.g. call, text, show up at your house, etc.)

Further Reading

Healing the Fragmented Selves of Trauma Survivors by Janina Fisher *The Body Keeps The Score* by Bessel van der Kolk *Trauma and Recovery* by Judith Herman *The Shock Doctrine* by Naomi Klein *Surviving* by Bruno Bettelheim

Self As Other: Reflections On Self-Care by Crimethinc.

Turn Illness into a Weapon by SPK